



NEWARK-GRANVILLE
Youth Orchestras

Medical Form

EMERGENCY MEDICAL INFORMATION/ AUTHORIZATION FORM

Student's Name _____ Phone _____

Address _____

Is student subject to any condition, which may result in a rehearsal emergency, e.g. fainting, diabetes, asthma, etc.? YES _____ NO _____

If yes, please describe:

List any drug allergies

Person to contact in the event of an Emergency:

Name _____ Relationship _____ Phone (1) _____ (2) _____

Name _____ Relationship _____ Phone (1) _____ (2) _____

Name _____ Relationship _____ Phone (1) _____ (2) _____

In the event reasonable attempts to contact me or either alternate have been unsuccessful, I _____ hereby give my voluntary consent for:

1. the administration of any treatment deemed necessary by preferred physician, Dr. _____ Phone ____ / _____.
2. the transfer of the child to _____ preferred hospital or any hospital reasonably accessible.

Date _____ Parent/Guardian Signature _____

In the event reasonable attempts to contact me or either alternate have been unsuccessful, I _____ do not give consent to treatment.

Date _____ Parent/Guardian Signature _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

Facts concerning the student's medical history and any physical impairments to which a physician should be alerted
